

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
CSO DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD: MAY / 2016

NO. CSO DISCHARGES OCCURRED:

3

MONTH / YEAR

NAME: CITY OF MATTOON WWTP			PERMIT NUMBER: IL0029831		
ADDRESS: 820 S. 5 TH PLACE			CERTIFIED MAIL EDMR CSO		
CITY: MATTOON		STATE: ILLINOIS	ZIP CODE: 61938	TELEPHONE: (217) 234-6828	
RAIN EVENT START DATE:	ESTIMATED DURATION OF EVENT (IN HOURS):	ESTIMATED AMOUNT OF RAINFALL (IN INCHES):	CSO OUTFALLS THAT DISCHARGED:		ESTIMATED DURATION OF CSO DISCHARGE (IN HOURS);
			OUTFALL NUMBER:	OUTFALL DESCRIPTION:	
05/06/16	8	0.20	004	N. RT. 45 ICRR DITCH TO RILEY	1
05/13/16	8	0.51	004	N. RT. 45 ICRR DITCH TO RILEY	1
05/13/16	8	0.51	008	11 th & HOWELL ASPHALT	1
05/19/16	12	0.85	004	N. RT. 45 ICRR DITCH TO RILEY	4
05/19/16	12	0.85	008	11 th & HOWELL ASPHALT	2

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TIM GOVER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)	DATE		
		6	05	16
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	MO	DAY	YEAR

This Agency is authorized to require this information under Illinois Revised Statutes, 1991, Chapter 111 ½, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.